

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10812731**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7		6				
8		6				
9		6				
10		6				
11		①				
12		①				
13		①				
14		①				
15		①				
16		①				
17		①				
18		①				
19		①				
20		①				
21		①				
22		①				
23		①				
24		①				
25		①				
26		①				
27		①				
28		①				
29		①				
30		①				
31		①				
32		①				
33		①				
34		①				
35		①				
36		①				
37		①				
38		①				
39		①				
40		①				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		①				
48		1				
49		1				
50		1				
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		①				
55		①				
56		①				
57		①				
58		①				
59	1	①				
60		①				
61						
62						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	7 ←		←		←	
TOTAL DEP.	73 ←		←		←	
TOTAL CLAIMS	80					